Sioux City IA Health Link Public Comment Meeting

Tuesday, June 13, 2017
Time: 5 p.m. – 7 p.m.
Sioux City Public Library
529 Pierce St
Sioux City, IA
Meeting Comments and Questions

IME/DHS Staff	MCO Representatives	MAAC Representatives
Lindsay Paulson **- present**	Amerigroup Iowa, Inc. **- present**	Gerd Clabaugh **- present**
Sean Bagniewski **- present**	AmeriHealth Caritas Iowa, Inc. **- present**	
Matt Highland **- present**	UnitedHealthcare Plan of the River Valley, Inc. **- present**	
Peter Crane **– present**		
Adrian Olivares **– present**		

Comments

Reimbursement, Billing and Claims

A provider stated that his office had purchased medically necessary medications for patients and had not yet been reimbursed by two of the MCOs. In regards to denials, a different provider stated that medications were being denied and how hard it had been for patients to obtain needed medications. Multiple providers stated that they had been experiencing claims issues such as unpaid claims, claims denials or claims that had been paid incorrectly. Providers identified issues with the timeliness and accuracy of reimbursements. Some providers also stated that their employees have to work extra hours to correct denied claims. A different provider mentioned their facility will not be accepting any new patients until the claim issues are resolved. A Consumer Directed Attendant Care (CDAC) provider mentioned that some CDAC providers were being paid for their services every other month and not monthly as they should be. A substance abuse treatment center representative stated that they were owed 1.5 million by the MCOs.

Durable Medical Equipment (DME)

Providers have not yet been reimbursed for DME provided to the patients. A DME provider commented on the ongoing claims issues with one of the MCOs, and stated that they have 101 unpaid and incorrectly paid claims as of April 2016. Providers have contacted the IME in regards to unpaid claims although issues have not yet been resolved and providers continue to encounter unpaid claims. A DME provider stated that one of the MCOs took over 4 months to pay for oxygen services for a patient in a nursing home.

Prior Authorizations
Providers raised concerns about the MCOs not following the IME guidelines for prior authorizations.

Comments
A provider commented that the MCOs were making treatment decisions for the patients rather than the providers and medical staff. Providers were also having difficulty with following three different sets of rules and procedures for the MCOs. A remark was made that the MCOs were progressively improving. It was stated that the data and information within the MCO quarterly reports was not accurate. A provider mentioned an MCO's members were forced to switch their MCO in order for their services to be approved. Providers were being referred to their account representatives when calling the MCO's customer service call centers. Providers said issues were being passed to different departments throughout the organizations and while they had received callbacks and emails in regards to their issues, the issues were not being resolved.

NEMT
A member raised a concern about the lack of transportation services in their area. A transportation broker had asked a member unnecessary information for services such as what provider they would be seeing and their diagnosis. The member believed she should not be asked those types of questions when scheduling transportation to appointments.

Case Management
A member also raised concerns about their case manager assigned by their MCO. The member stated the case manager sent rude emails saying "I'm busy what do you need" and "effective immediately I'm no longer your case manager. Your new one will contact you." The member stated they were now afraid to contact their new case manager as they had never experienced such treatment from previous case managers. In regards to case managers, a member stated that they believed the case managers were under a lot of stress due to the amount of cases they were dealing handling. A member gave accolades to their son's case manager.

Questions

1. What is being done to update the websites in order to obtain information on how to bill properly?
2. Are the MCOs willing to have face-to-face meetings to go over the billing issues?
3. We get denials for medical equipment and have to appeal, get a hearing and then the items will be approved. What will happen when the MCOs can no longer provide equipment?
4. What are the guidelines or requirements the medical directors are going by? How do we explain it to parents with children approved for one item but not the other?